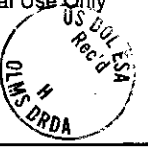
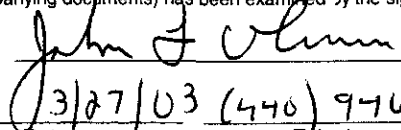
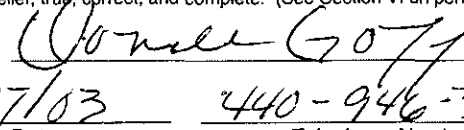


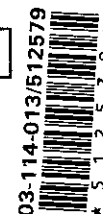
# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  <b>E</b>	1. FILE NUMBER <b>5 1 2 - 5 7 9</b>	2. PERIOD COVERED MO DAY YEAR From <b>0 1 0 1 2 0 0 2</b> Through <b>1 2 3 1 2 0 0 2</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name <b>J O H N</b> Last Name <b>O L I V E R I O</b> P.O. Box • Building and Room Number (if any)  Number and Street <b>2 2 1 0 M I D W E S T R D S T E 3 1 0</b> City <b>O A K B R O O K</b> State ZIP Code + 4 <b>I L 6 0 5 2 1 -</b>		
4. AFFILIATION OR ORGANIZATION NAME <b>NATIONAL PRODUCTION WKRS UNION IND</b>			
5. DESIGNATION (Local, Lodge, etc.) <b>LU</b>		6. DESIGNATION NUMBER <b>707</b>	
7. UNIT NAME (if any) <b>CLEVELAND AND VICINITY</b>			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in item 56.)			
56. ADDITIONAL INFORMATION Item Number			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
57. SIGNED:  <b>3/27/03</b> <b>(440) 946-3142</b> Date Telephone Number		58. SIGNED:  <b>3/27/03</b> <b>440-946-3142</b> Date Telephone Number	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	



*During the Reporting Period Did Your Organization:*

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒ ☐
12. Have a political action committee (PAC) fund? ..... ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☐ ☒
15. Discover any loss or shortage of funds or other property? ..... ☐ ☒  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☐ ☒
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? ..... ☐ ☒
18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? ..... ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 56 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 2 9 9

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 2 0 0 0 0

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☐ No ☒  
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)

22. What is the date of your organization's next regular election of officers? MO 0 3 YEAR 2 0 0 4

23. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees		
(a) Regular Dues/Fees	\$ <u>17.00-45.50</u> per <u>MONTH</u>	(Month, Year, etc.)
(b) Initiation Fees	\$ <u>10.00-150.00</u>	
(c) Transfer Fees	\$ <u>N/A</u>	
(d) Work Permits	\$ <u>N/A</u> per <u>N/A</u>	(Month, Year, etc.)

# 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 5 1 2 - 5 7 9

	(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)		
	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*					
1.	OLIVERIO PRESIDENT	JOHN C	9 4 5 1 4	2 1 6 3	9 6 6 7 7		
2.	SENESE VICE-PRESIDENT	JOSEPH C	0	0	0		
3.	GOFF SEC/TREAS	DONALD C	0	1 5 9 0 4	1 5 9 0 4		
4.	KRYSINSKI RECORDING SEC.	LENNY C	0	0	0		
5.	ANDREW TRUSTEE	DEMAND C	0	0	0		
6.	LAMENTO TRUSTEE	ROBERT C	0	0	0		
7.	LARICHE TRUSTEE	LOUIS C	0	0	0		
8.	Totals from additional pages (if any)						
9.	Totals of Lines 1 through 8		9 4 5 1 4	1 8 0 6 7	1 1 2 5 8 1		
				10. Less Deductions	1 6 9 5 0		
The Total from Line 11 in .....Item 45				11. Net Disbursements	9 5 6 3 1		

\* Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56.)

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 5 1 2 - 5 7 9

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash .....	9 9 1 2	8 5 3 5	32. Accounts Payable .....	0	0
	26. Loans Receivable.....	0	0	33. Loans Payable .....	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable .....	0	0
	28. Investments .....	0	0	35. Other Liabilities .....	8 9 4 7 3	1 5 1 0 9 6
	29. Fixed Assets .....	0	0	36. TOTAL LIABILITIES ....	8 9 4 7 3	1 5 1 0 9 6
	30. Other Assets .....	0	0			
	31. TOTAL ASSETS .....	9 9 1 2	8 5 3 5	37. NET ASSETS (Item 31 less Item 36) .....	- 7 9 5 6 1	1 4 2 5 6 1

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues .....	1 4 4 5 0 0	45. To Officers (from Item 24) .....	9 5 6 3 1
	39. Per Capita Tax .....	0	46. To Employees (less deductions) .....	0
	40. Fees, Fines, Assessments & Work Permits .....	0	47. Per Capita Tax .....	0
	41. Interest & Dividends .....	5	48. Office & Administrative Expense .....	1 1 6 8 0
	42. Sale of Investments & Fixed Assets .....	0	49. Professional Fees .....	8 9 2 3
	43. Other Receipts .....	1 3 0 4	50. Benefits .....	4 5 6 0
	44. TOTAL RECEIPTS .....	1 4 5 8 0 9	51. Contributions, Gifts & Grants .....	0
<p><b>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</b></p>			52. Purchase of Investments & Fixed Assets .....	0
			53. Loans Made .....	0
			54. Other Disbursements .....	2 6 3 9 2
			55. TOTAL DISBURSEMENTS .....	1 4 7 1 8 6

ORGANIZATION NAME:  
NATIONAL PRODUCTION WKRS UNION IND

FILE NUMBER: 5 1 2 - 5 7 9

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## 56. ADDITIONAL INFORMATION *(continued)*

Item Number	
11	<p>ADMINISTRATION OF TRUST</p> <p>NATIONAL PRODUCTION WORKERS UNION INSURANCE TRUST FUND: E.I.N. #36-2872107 PLAN #501 PURPOSE: TO PROVIDE MEDICAL, DENTAL, OPTICAL, LIFE &amp; SHORT TERM DISABILITY INSURANCE BENEFITS FOR ELIGIBLE MEMBERS &amp; THEIR DEPENDENTS.</p> <p>NATIONAL PRODUCTION WORKERS UNION SEVERANCE TRUST FUND: E.I.N. # 36-2872107 PLAN #011 PURPOSE: TO PROVIDE SEVERANCE &amp; RETIREMENT BENEFITS TO ELIGIBLE MEMBERS.</p> <p>THE ADDRESS OF BOTH FUNDS IS: 2210 MIDWEST RD. SUITE 310 OAK BROOK, IL 60521</p>